## TOWN OF ANDOVER OUTDOOR DINING LICENSE APPLICATION

TIME STAMP APPLICANT'S D/B/A: APPLICANT NAME: APPLICANT'S ADDRESS: APPLICANT'S TEL. NUMBER:\_\_\_\_\_ FID #: \_\_\_\_ OWNER OF BUILDING: TEL: ADDRESS OF OWNER: CONTACT PERSON: TELEPHONE: E-MAIL MAILING ADDRESS: \* LOCATION OF LICENSE ACTIVITY: ZONING DISTRICT: \_\_\_\_\_ Is this a reapplication for a license granted in a prior year? YES NO FEE: \$125 NUMBER OF OUTDOOR SEATS: \_\_\_\_\_NUMBER OF OUTDOOR TABLES: \_\_\_\_\_ PROPOSED DATES OF OUTDOOR DINING:\_\_\_\_\_ PROPOSED TIMES OF OUTDOOR DINING: DOES THE LOCATION HOLD AN ALCOHOLIC BEVERAGE LICENSE? YES NO \* I certify under penalties of perjury, that the above information is true and that named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. \* OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY Date of log entry (Application Complete) \_\_\_\_\_\_\_ By: **Prior Approval Required:** DATE SENT: **DATE APPROVED** Police Dept, Public Safety: Fire Dept: Board of Health: Building Inspector: Design Review Board: Treasurer:

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## **Evaluating Applicability of License (**For applicant's use only)

| Does the premise have a liquor license? Yes No  |
|---|
| The serving or consumption of alcohol on any public property that is the subject of an          |
| Outdoor Dining License is expressly forbidden.  |
| The holder of a liquor license shall provide a detailed alcohol control plan/strategy           |
| as part of their Outdoor Dining application packet.   |
| Width of Sidewalk:  |
| In no event shall a license be granted where the total width of the sidewalk is 4 feet or less. |
| SUBMISSION REQUIREMENTS   |
| □ \$125 Check to the Town of Andover  |
| ☐ Twelve copies of the application, plans, and all supporting materials.                        |
| Scaled plan. Plan should show the precise dimensions and location of the outdoor dining area    |
| the arrangement of outdoor dining furniture, perimeter fencing, umbrellas, other obstruction,   |
| and the width of sidewalk available for pedestrian/wheelchair passage. All plans shall be       |
| folded to the size of $8\frac{1}{2}$ " by 11". No rolled plans will be accepted.                |
| ☐ Written description of the colors and materials to be used in the outdoor dining area.        |
| Photographs or samples of proposed furniture and materials are encouraged.                      |
| ☐ If outdoor food preparation is proposed a letter describing the nature and extent of this     |
| operation must be submitted. All outdoor food preparation must comply with the procedures       |
| and regulations of the Andover Board of Health and must be approved by the Health Division      |
| prior to submittal.  ☐ Tax form.  |
| Lax form.   |
| POST APPROVAL SUBMISSION REQUIREMENTS   |
| ☐ Signed License Agreement  |
| ☐ Workers Compensation Affidavit and Insurance Certificate.                                     |
| ☐ Comprehensive Public Liability and Property Damage Liability Insurance Certificate.           |
| ☐ Liquor Liability Insurance Certificate (Where applicable).                                    |